

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019713

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Regist. No. FILED MAY 29 1962 Primary Registration District No. \_\_\_\_\_ Registrar's No. 137

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>		2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>NODAWAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BARNARD</u>		c. CITY OR TOWN <u>BARNARD</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Home</u>	
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>Hugh</u> Last <u>CARVER</u>		4. DATE OF DEATH Month <u>5</u> Day <u>15</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>CAU</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-3-1887</u>
9. AGE (last birthday) <u>74</u>		10. IF UNDER 1 YEAR Months <u>74</u> Days <u>74</u> Hours <u>74</u> Min. <u>74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	
11. BIRTHPLACE (City and state or country) <u>Quilford, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>ELMER E CARVER</u>		13b. MOTHER'S M maiden NAME <u>SARAH ELLEN Todd</u>	
14. NAME OF HUSBAND OR WIFE <u>MAMIE CARVER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of serv) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>Mrs. MAMIE CARVER-BARNARD</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>neck metastasis</u> DUE TO (b) <u>lip carcinoma</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>14 months</u> <u>2 years ago</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>11 Aug 1960</u> to <u>27 April 1962</u> and last saw her alive on <u>27 April 1962</u>	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Kendal Wood, MD</u> (Degree or title)	
22b. ADDRESS <u>702 Julia Street, Saint Joseph, Missouri</u>		22c. DATE SIGNED <u>17 May 1962</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-17-1962</u>	23c. NAME OF CEMETERY OR CREMATOR <u>Bolckow Cem-</u>	23d. LOCATION (City, town, or county) <u>Bolckow, Mo.</u>
24. FUNERAL DIRECTOR <u>Atchison-Maryville, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-17-62</u>	26. REGISTRAR'S SIGNATURE <u>Bess Bolt</u>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. \_\_\_\_\_

3279

P. O. Address \_\_\_\_\_

Maryville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.